PTO/38/00(1204)

Approved for use through 1/3 1/2006 CHIB ON 1-0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperson Reduction Act of 1995, no persons are required to respond to a pollection of information unless & displays a yalld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875. Effective December 8, 2004 0 602, 869 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) SMALL ENTITY ÓR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE (\$1 BASIC FEE RATE (1) FÉ((1) NVA (37 CFR 1 16(4) (6) a (6)) N/A AVA 150.00 ŇIA 300.00 SEARCHFEE NA . (37 CFR 1 16(W. 14, or [m]) N/A NA \$250 N/A \$600 EXAMINATION FEE : NVÀ (37 CFR 1 16(4). (p). or (q)) N/A NUL \$100 NA \$200 TOTAL CLAIMS (37.CFR 1 16(0) X\$ 25 MUNUS 20 . X\$50 O# INDEPENDENT CLAIMS (37 CFR 1 16(N)) X100 * Caunim X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See FEE (37 CFR | 16(4)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 1611) +180= +360= * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN , (Column 1) (Column 2) (Column 3): OR SMALL ENTITY CLAIMS REMAINING SMALL ENTITY HIGHEST NUMBER PRESENT RATE (1) ADDI-RATE(\$) after 12-106 PREVIOUSLY ADDI: AMENDMENT TIONAL MENDMENT PAID FOR FEE (\$) Total FEE (1) Minus 0 (A X\$ 25 X\$50 profesions . OR Minus Œ. X100 X200 ОEI Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180**≈** +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) AFTER. PREVIOUSLY EXTRA ADOI-TIONAL MENOMENT TIONAL PAID FOR FEE (\$) Total FEE (\$) Minus X\$ 25 X\$50 OR thdipendent ••• Minus X100 X200. OR Application 6 tz 6 F40 (37 CFR 1.16(8)) first presentation of multiple dependent claim (at CFR 1.160) +180a +360± OR TOTAL. TOTAL If the entry in column 1 is less than the entry in column 2, write "or in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to placess) an application. Confidentiality is potented by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding patients, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suppedions for reducing this burden, should be cent to the Chief Information Officer, U.S. Pedent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. OR ADD'L FEE ADD'L FEE